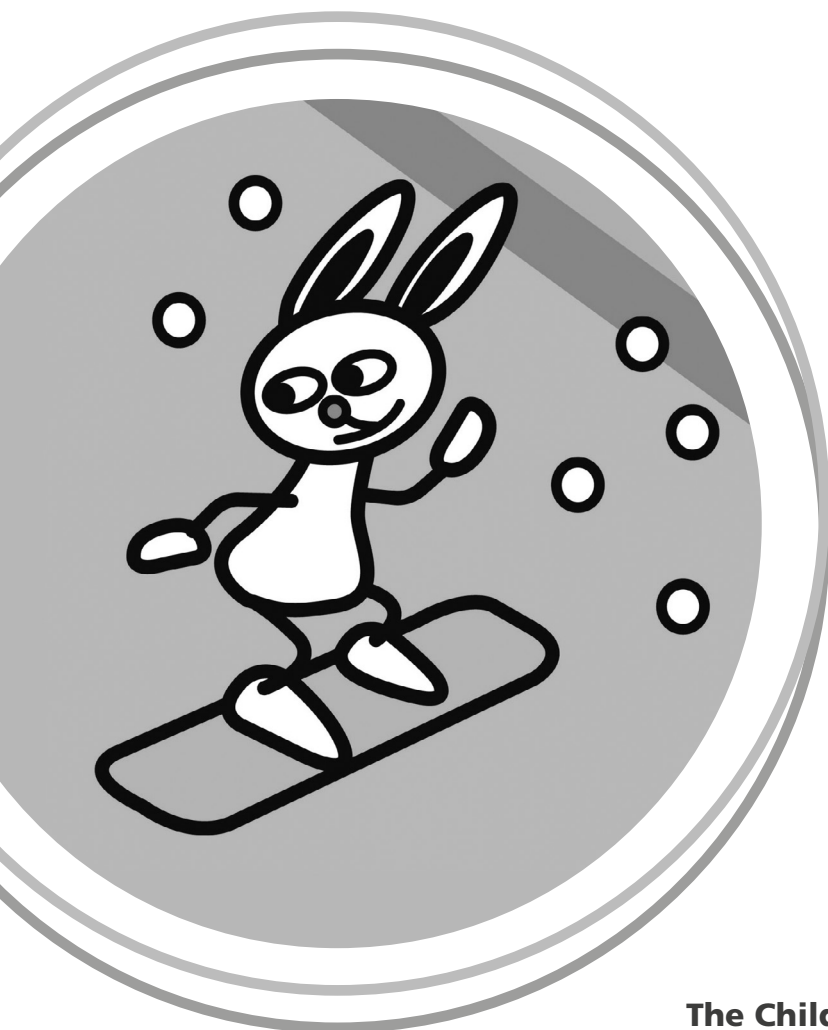


# Inguinal Hernia Repair

Information for parents and carers



## **What is an inguinal hernia?**

A hernia is a bulge that sticks out through the tummy muscles. It allows some of the intestine to “balloon” out and causes a visible bulge under the skin. The bulge will be more noticeable when your child coughs or strains.

An inguinal hernia occurs in the groin area and is more common in boys and on the right hand side. It is also more common in babies who are premature (born early).

## **What is the treatment?**

A hernia is not usually a serious problem and it often does not cause any discomfort to your child. However, the intestines can be damaged if a small piece gets stuck in the hernia (a strangulated hernia). For this reason it is usual practise to repair children’s inguinal hernias with a simple operation.

## **What are the benefits?**

The benefit of your child having this operation is that their hernia will be repaired. This will help them to be more comfortable and will prevent any problems developing as a result of the hernia.

## **What are the risks?**

This is a simple and safe operation. However, all operations will carry some risks. The following complications have a less than 3% chance of occurring (3 out of every 100 people):

- wound infection
- bleeding
- recurrence of the hernia
- scrotal hydrocele (a swelling in the scrotum or groin caused by a collection of fluid around the testicle) especially following key-hole repair
- damage to the blood supply to the testicle (leading to loss of the testicle).

The doctor will discuss these risks with you in more detail. For information about the anaesthetic risks, please see page 5.

## **Are there any alternatives?**

Surgery is the only way to repair an inguinal hernia; it will not go away on its own.

## **What happens during the operation?**

The surgeon will make a small cut in the groin to repair the hernia. The hernia opening is found and stitched closed with dissolvable stitches. The cut in the groin will then be closed with stitches that are 'hidden' under the skin and will also gradually dissolve.

The operation takes about 45 minutes but your child will be away from the ward for about 2 hours. This is to allow the anaesthetic to take effect before the operation and then give them time to come round afterwards.

Your surgeon may also recommend repair of the hernia by key-hole surgery (laparoscopic surgery). In this type of operation a very thin camera telescope (endoscope) is inserted through a small cut near the tummy button. This allows the surgeons to see inside your child's abdomen without having to make a large cut. Further small cuts are then made on their tummy to allow special, narrow instruments to be inserted to repair the hernia.

The opposite side of your child's groin will also be inspected internally, even if they have had no symptoms on this side. If another hernia opening is found it can then be repaired at the same time. This technique is particularly useful in hernias affecting both sides, recurrent hernia and when the diagnosis is unclear.

While your child is still asleep, some local anaesthetic may be injected into the operation site to help prevent pain afterwards. A small dressing may be put over the wounds.

The operation is carried out under general anaesthetic, normally as a day case, which means your child should be able to go home later that day. Your child will be asleep throughout the operation.

## **Consent**

We will ask you for your written consent (agreement) for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

## **Fasting instructions**

Please make sure that you follow the fasting (starving) instructions which should be included with your appointment letter.

Fasting is very important before an operation. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are unconscious and get into their lungs.

## **Pain assessment**

Your child's named nurse will use a pain assessment tool to help assess your child's pain score after their operation. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain if you wish.

## **Anaesthetic risks**

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia<sup>1</sup>.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail before the operation.

## **In the anaesthetic room**

A nurse and one parent can come with your child to the anaesthetic room. Your child can also take a toy or comforter.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe, or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream'), can be put on their hand or arm before injections so they do not hurt as much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

Once your child is asleep you will be asked to leave quickly so that the medical staff can concentrate on looking after them.

The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the operation. The anaesthetist will be with them at all times.

## **After the operation**

Your named nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has adequate pain relief until they are discharged home.

Once your child is awake from the anaesthetic they can start drinking and, if they are not sick, they can start eating their normal diet.

The minimum recovery time before discharge is two hours. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that your child is passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the operation, please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them, and also quicker for you to return to the hospital if there are any complications on the journey home. You should bring loose fitting clothes for them to wear on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amounts of fluid, toast or biscuits. If they are sick and this continues for longer than 24 hours, please contact your GP.

The hospital experience is strange and unsettling for some children so do not be concerned if your child is more clingy, easily upset or has disturbed sleep..

## **Wound care and hygiene**

Keep the area clean and dry for two days, after which time your child can have a bath or shower. Do not use bubble bath until your child's wound is completely healed. If the area becomes dirty or wet in the meantime, clean with water, but do not rub the wound.

Please let us know if you are concerned about your child following the operation, in particular if you notice:

- any redness or swelling
- bleeding or leaking from of the wound
- new or increased pain not resolving with regular analgesia (pain relief)
- your child has a fever (high temperature).

## **Stitches /Dressing**

The wound may have a small dressing that can be removed after 2-3 days. Any stitches your child has will usually be hidden under the skin. They are dissolvable and will gradually disappear over the next few weeks. Skin glue may also be used to close the skin; it will usually come off after a few days.

If any paper stitches (Steristrips) have been used on the outside of your child's skin they will gradually loosen and fall off by themselves. If they do not, soak them off in the bath after five days. Your child's nurse will speak with you about this.



## **Getting back to normal**

Your child will benefit from extra rest for a day or two after the operation. It is best to keep them off school for two to three days. They can return to sporting activities such as PE, bike riding, swimming, etc. after two weeks.

## **Follow-up care**

Please make sure you have enough children's paracetamol and ibuprofen at home. We will give you a small supply to use when you first get home. You may need to buy more. Please see our separate leaflet "Pain relief after your child's day case surgery" for more information about how much and when to give pain relief.

Your child can continue to take paracetamol and ibuprofen for up to 5 days. After this, they should only need occasional doses. If they are still in pain after 5 days you should phone the ward for advice.

Your nurse will tell you if your child will need a follow-up appointment in the Children's Outpatients department.

The letter confirming the date and time will come by post. Please speak to your child's consultant's secretary if you have not been contacted within 1 month.

## How to contact us if you have any concerns

If you have any worries or queries about your child once you get home, or you notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses. You can also contact your GP.

### Children's Day Care Ward

Telephone: **01865 234 148** or **01865 234 149**  
(7.30am to 7.30pm, Monday to Friday)

Outside of these hours, you can contact:

Robin's Ward	<b>01865 231 254/5</b>
Melanie's Ward	<b>01865 234 054/5</b>
Tom's Ward	<b>01865 234 108/9</b>
Bellhouse Drayson	<b>01865 234 049</b>
Kamran's Ward	<b>01865 234 068/9</b>
Horton General Hospital Children's Ward	<b>01295 229 001/2</b>

All of these wards are open 24 hours, 7 days a week

Oxford University Hospitals switchboard      **0300 304 7777**

## **Further information**

You may find further information on the following website:

### **NHS Choices**

[www.nhs.uk/conditions/Hernia](http://www.nhs.uk/conditions/Hernia)

## **References**

<sup>1</sup> From The Royal College of Anaesthetists (2023) 7th edition.  
Your child's general anaesthetic: information for parents and guardians of children: [www.rcoa.ac.uk/patientinfo](http://www.rcoa.ac.uk/patientinfo)

## **Please bring this leaflet with you on the day of your child's admission**

We hope that this information is useful to you and would welcome any comments about the care or information you have received.

## **How to give feedback about your experience?**

We would like to hear about your experience with our Children's services. Please ask for a paper survey to fill in.

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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September 2024

Review: September 2027

Oxford University Hospitals NHS Foundation Trust

[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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